Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



## UTILITY PATENT APPLICATION TRANSMITTAL

Transmitted herewith for filing is a U.S. Non-Provisional Utility Patent Application entitled:

Method and Arrangement for Controlling Focus Parameters of an Exposure Tool

	namin	g as inventor:	Francis Goodwin 60 Mansion Boulevard Apt. D Delmar, New York 12054
	and in	cluding:	
	Nine (9) pages One (1) Sheet		pages of description (before the claims); es of claims ((25) total claims; (4) independent claims); tof Abstract; ets of drawings including Figures 1 – 13.
1.	Also enclo	executed Deci	nd Assignment Recordation Cover Sheet and Check # of \$40.00
		Information D reference Preliminary A	Disclosure Statement, PTO/SB08A & Copy of 1 foreign
		Comp Specif The co	d/or Amino Acid Sequence Submission uter Readable Form (CRF) on 3 ½" floppy disk fication Sequence Listing on:     CD-ROM or CD-R (2 copies); or     paper ontent of the copy in computer readable form is identical to the paper, CD-ROM, or CD-R copy of the Sequence
		Listing. Nonpublication	on Request and Certification

	$\boxtimes$	Check No. 7535 in the amount of \$1,076.00 for the total fee as calculated
		below Return receipt postcard Other:
2.	follow	Please amend the specification by inserting before the first heading the ing paragraph:
		A certified copy of the priority application  is enclosed will follow.
3.	[] follow:	Please amend the specification by inserting before the first heading the ing paragraph:
		This application claims priority under 35 U.S.C. §119(e) to U.S. Provisional Application No, filed, the entire content of which is hereby incorporated by reference.
4.	follow	Please amend the specification by inserting before the first heading the ing paragraph:
		This application claims priority under 35 U.S.C. §120 to U.S. Patent Application No, filed, the entire content of which is hereby incorporated by reference.

The filing fee has been calculated as follows 

and in accordance with the 5. enclosed preliminary amendment:

	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEE
Basic Applica	tion Fee				\$770.00
Total Claims	25	- 20 =	. 5	x \$18.00	90.00
Independent Claims	4	- 3 =	1	x \$86.00	86.00
If multiple dep	pendent claim	s are presented	l, add \$290.00		
Total Application Fee				\$946.00	
Appl Fee)	icant claims Sn	nall Entity Statu	is (subtract 50% of T	Total Application	
Other fees: (specify) Surcharge for filing of Declaration				\$130.00	
TOTAL FEE	DUE				\$1,076.00

	This application is being filed without a filing fee. Issuance of a Notice to File Missing Parts of Application is respectfully requested.
$\boxtimes$	A check for the total fee is attached.
	Please charge \$ to Deposit Account No. 05-0460 for the total fee. This paper is being submitted in duplicate.
	The Commissioner is hereby authorized to charge any additional appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 05-0460.

6. Please direct all correspondence concerning this application to:

EDELL, SHAPIRO & FINNAN, LLC 1901 Research Boulevard, Suite 400 Rockville, MD 20850 (301) 424-3640

**CUSTOMER NUMBER: 27896** 

Dated: 3/12/04

EDELL, SHAPIRO & FINNAN, LLC CUSTOMER No. 27896 1901 Research Boulevard, Suite 400 Rockville, MD 20850 (301) 424-3640 Respectfully submitted by

EDELL, SHAPIRO & FINNAN, LLC

By:

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